COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL

(1) DEPARTMENT	(2) MEETING DATE	(3) CONTACT/PHONE	
Behavioral Health	11/24/2015	Anne Robin, Behavioral Health Administrator 781-4719	
(4) SUBJECT Receive and file a report regarding the financial and programmatic options to implement an Assisted Outpatient Treatment pilot program, and provide direction to staff as necessary. All Districts.			
(5) RECOMMENDED ACTION It is recommended that the Board receive and file a report regarding financial and programmatic options to implement an Assisted Outpatient Treatment pilot program, and provide direction to staff as necessary.			
(6) FUNDING SOURCE(S) N/A	(7) CURRENT YEAR FINANCIAL IMPACT $0.00	(8) ANNUAL FINANCIAL IMPACT $0.00	(9) BUDGETED? N/A
(10) AGENDA PLACEMENT **{ }** Consent **{ }** Presentation **{ }** Hearing (Time Est. ___) **{ x }** Board Business (Time Est. 1 hour)			
(11) EXECUTED DOCUMENTS **{ }** Resolutions **{ }** Contracts **{ }** Ordinances **{ x }** N/A			
(12) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) N/A		(13) BUDGET ADJUSTMENT REQUIRED? BAR ID Number: N/A **{ }** 4/5 Vote Required **{x}** N/A	
(14) LOCATION MAP N/A	(15) BUSINESS IMPACT STATEMENT? No	(16) AGENDA ITEM HISTORY **{ }** N/A Date: 9/22/15	
(17) ADMINISTRATIVE OFFICE REVIEW Leslie Brown			
(18) SUPERVISOR DISTRICT(S) All Districts			

County of San Luis Obispo

TO: Board of Supervisors

FROM: Jeff Hamm, Health Agency Director
Anne Robin, L.M.F.T., Behavioral Health Administrator

DATE: 11/24/2015

SUBJECT: Receive and file a report regarding the financial and programmatic options to implement an Assisted Outpatient Treatment pilot program, and provide direction to staff as necessary. All Districts.

RECOMMENDATION

It is recommended that the Board receive and file a report regarding financial and programmatic options to implement an Assisted Outpatient Treatment pilot program, and provide direction to staff as necessary.

DISCUSSION

Staff provided the Board with an analysis of Assisted Outpatient Treatment, otherwise known as Laura's Law, on September 22, 2015. After due consideration and discussion, the Board directed staff to return with budget and program options for review. All four options listed below under Financial Considerations include a 9 month start-up budget and a full year operating budget.

The following is a recap of Assisted Outpatient Treatment (AOT) elements:

What is Assisted Outpatient Treatment ("Laura's Law")?
It is a process that allows civil courts to order individuals with severe mental illness and a history of arrest or violence to engage in outpatient treatment. AOT programs include intensive treatment engagement and a range of services including housing and vocational services, similar to the current Full Service Partnership programs.

Who is eligible?
A small group of individuals with mental illness who have a history of non-compliance with treatment that has been a significant factor in being hospitalized or incarcerated at least twice within the last 36 months, or has resulted in one or more acts, attempts, or threats of serious violent behavior within the last 48 months. Based on population estimates, approximately 10-12 people in SLO County would be eligible annually.

How does it work?
Individuals are identified by law enforcement, families, and others through a petition process and evaluated to determine if they meet the explicit criteria. The individual meeting criteria is then offered the opportunity to accept the full range of services included in AOT voluntarily. If they do not choose to comply voluntarily; they are brought to a civil hearing. At that time, with the judge present, they again have the opportunity to comply voluntarily. If refused, then the judge may place a civil order on the individual to engage in case management and a treatment plan is formulated.

What happens if the individual still does not cooperate with treatment?
There are no sanctions available to the court under AOT. Medications may not be forced. An individual may only be involuntarily committed to an inpatient unit under the same conditions as a current "5150 hold".

How is it funded?
A combination of Medi-Cal/Medicare reimbursement, Mental Health Services Act (MHSA) funds, and local funds may be used to fund AOT programs. However, no current programs may be reduced or eliminated to fund a new AOT program.

Numbers to be served:
Data indicates that 1:25,000 individuals meet the eligibility requirements for AOT. Based on the data developed through the Nevada County experience, we theorize that 10 individuals in San Luis Obispo (SLO) County would meet the strict eligibility requirements. Again, following the numbers provided through Nevada County's experience, of those 10 individuals, six would accept services voluntarily. Four would require court intervention; and one of those would not follow through with services even with a court order.

The program alternatives described below follow those assumptions. A full AOT program with court supports would serve 10 individuals at any one time; therefore, an AOT-type program without the court supports would serve six individuals at any one time.

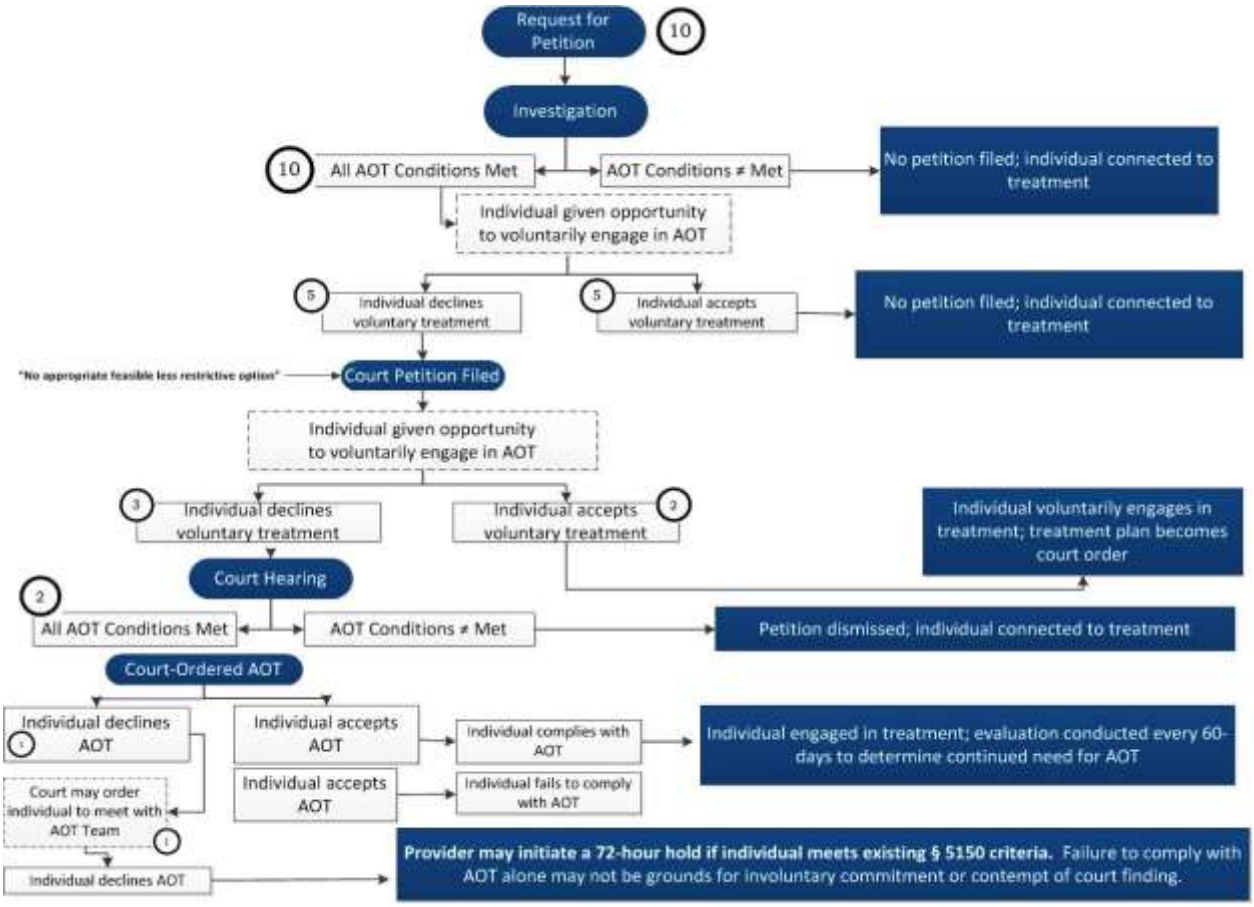
Program Design:
Assisted Outpatient Treatment begins with a referral for evaluation to determine eligibility. In all options listed below, the Department would retain the responsibility for receiving and evaluating referrals. Once an individual is deemed to meet the specific requirements of AOT, either a County staff or a Transitions Mental Health Association (TMHA) staff person would begin the process of outreach and engagement to the individual, depending on the selected model.

As a long-standing partner to the Department, TMHA has a proven track record of providing Assertive Community Treatment services, which form the core of the AOT model. TMHA currently runs both the Homeless Outreach Team and the Adult Full Services Partnership program for SLO County Behavioral Health. The organization has a long history of hiring and supporting individuals with lived experience in mental health who can provide support and mentoring in an inclusive, compassionate, and uniquely understanding manner. This approach has proven effective in engaging individuals who have not typically responded to more clinically driven interventions.

The primary question beyond the fiscal considerations, is whether to allow for a pilot program based on outreach, extensive engagement, and intensive interventions focused on individuals who have not typically utilized services voluntarily without the added element of a court process for outpatient "orders", or to implement a full Assisted Outpatient Treatment program to include the elements described in the staff report of September 22.

Two options in program design are now presented: AOT with Court process and AOT without Court process. Two variations will be presented under each option in the Financial Considerations; a County operated program, and a TMHA operated program.

Option 1: With Court Process:
As described in the prior staff report to your Board, Assisted Outpatient Treatment follows a strict procedure of referral, evaluation, engagement, intervention, and support with opportunities for voluntary involvement at each step. The following chart gives an overview of the process.



Based on estimates from the experience in Nevada County, about 50% of the individuals eligible for AOT accepted services voluntarily prior to going before a Court, 40% accepted services after the civil order was imposed, and 10% did not follow through regardless of the court order.

All services, including access to medications, psychotherapy, substance use disorder treatment, housing, vocational supports, peer supports, etc. will be provided by either County staff or contracted staff in this option. The addition of a formal required evaluation process, court reports, and close tracking of court and service timelines provides for clear, objective data related to the efficacy of the program. County Counsel, the Public Defender, and the Superior Court are required partners in this option.

Outcomes from other counties and states show similar results to that of Full Service Partnerships (FSP) or Assertive Community Treatment (ACT) programs, with significant reductions in incarceration and hospitalization after one year of involvement with an AOT program.

Option 2: Without Court Process:
Some research points to the "black robe effect" as being the most decisive element in engaging individuals who previously have not accepted treatment for their mental illness. There have been documented pros and cons on either side. A creative, compassionate, patient, and long term engagement from a team of individuals who work both with the referred individual and their support system (family, friends, etc.) may be equally effective in bringing individuals to treatment. However, for the individuals targeted by AOT, there is still indication that a portion of those individuals will not respond to outreach and engagement alone. Access to housing options, if needed, and vocational opportunities may increase the effectiveness of the engagement process. One of the key elements is the function of building trust over time, without limitations due to funding, billing, caseload size, etc. Additionally, individuals who have not accepted medication treatment may respond to alternative approaches focused on harm reduction and behavioral management rather than the elimination of symptoms through medications.

Program and Staffing Considerations:
Full implementation of AOT requires both intensive staffing for provision of care as well as administrative and evaluative elements. In the fiscal models below, the Department retains both the "gatekeeping", or assessment, staffing to determine eligibility and the court liaison, monitoring, reporting, and evaluation elements. All of the elements of housing, vocational support, intensive treatment would be required and is modeled for 10 individuals

In the "voluntary" model of AOT, meeting the same eligibility requirements and program intensity, the Department would still retain the "gatekeeping" and evaluation staffing, but at a reduced rate. As the voluntary model would not include the four clients who theoretically would not respond to engagement without a court order, the costs of housing and clients support funds are reduced, as well as the cost of staff supports such as equipment and rent.

OTHER AGENCY INVOLVEMENT/IMPACT

Transitions Mental Health Association was consulted in this proposal. Previous involvement included County Counsel, Sheriff's Department, and District Attorney.

FINANCIAL CONSIDERATIONS

The tables below for each option include estimated expenses and revenue for Year 1, including startup costs, and a full year budget during Year 2.

Court Included

Option 1(a):
County Operated, with full implementation including Court process. Estimated 10 clients. The following County positions are included:

- 1.0 FTE Mental Health Therapist IV (Licensed Clinician for assessments and court liaison)
- 1.0 FTE Mental Health Therapist IV (Licensed Clinician for co-occurring disorders)
- 0.50 FTE Mental Health Therapist III (Licensed Psychiatric Technician for medication management)
- 1.0 FTE Mental Health Worker II (Peer Support Specialist)
- 1.0 Administrative Services Officer I
- 0.50 FTE Health Information Technician I

This option is similar to the budget presented in the staff report on September 22, with minor refinements. Housing costs could vary significantly based on the needs of the individuals served. Potential additional costs for Public Defender may occur if court caseload is fully implemented.

Option 1 (a): County Operated Assisted Outpatient Treatment Budget Estimate	Year 1 Budget (9 months, plus start-up costs)	Year 2 Budget
Total Salaries & Benefits	$ 348,324	$ 484,965
Total Services & Supplies (excl Professional Services)	106,678	145,082
Professional Services (Locum Tenen)	22,644	16,983
Professional Services (Evaulator)	7,500	10,000
County Counsel - Start-up	10,000	-
Other County Start-up - Capital Assets	5,000	-
Housing - Independent Living w/Supports	16,845	22,460
Housing - Intensive Residential	34,502	46,002
Housing - Board & Care	24,375	32,500
Housing - IMD Step Down	58,730	78,307
County Counsel Costs	44,640	60,710
Total Gross Program	**$ 679,237**	**$ 897,010**
Revenue: Medi-Cal - Treatment services	(130,872)	(189,200)
Revenue: Medi-Cal - Admin/QA	(25,142)	(35,664)
Revenue: Medi-Cal - Intensive Residential	(5,672)	(7,563)
Other Revenue: Client Rents & Grants	(12,424)	(16,565)
Total Net Program	**$ 505,128**	**$ 648,018**
Total Gross Cost per Client	**$ 67,924**	**$ 89,701**
Total Net Cost Per Client	**$ 50,513**	**$ 64,802**

Option 1(b):
Contactor Operated, with full implementation including Court process. This option adds administrative and management costs to the overall cost of the program to cover both agencies' involvement. The following County positions would be needed for initial assessment, court liaison, monitoring and evaluation:

- 1.0 FTE Mental Health Therapist IV (Licensed Clinician for assessments and court liaison)
- 1.0 Administrative Services Officer I

Contractor staff would provide all services, except psychiatry, and will consist of:

- 1.0 FTE Licensed Clinician for co-occurring disorders
- 0.50 FTE Program Mentor
- 1.0 FTE Peer Support Specialist
- 0.50 FTE Licensed Psychiatric Technician for medication management
- 0.50 FTE Program Manager
- 0.20 FTE Director
- 0.10 FTE Quality Assurance

Option 1 (b): Contractor Operated Assisted Outpatient Treatment Budget Estimate	Year 1 Budget (9 months, plus start-up costs)	Year 2 Budget
Total Salaries & Benefits	$ 145,784	$207,041
Total Services & Supplies (excl Professional Services)	35,969	48,918
Professional Services (Locum Tenen)	-	-
Professional Services (Evaulator)	7,500	10,000
Other Professional Services (TMHA AOT services)	347,465	435,112
County Counsel - Start-up	10,000	-
Other County Start-up - Capital Assets	2,000	-
Vehicle Cost	0	-
Housing - Independent Living w/Supports	16,845	22,460
Housing - Intensive Residential	34,502	46,002
Housing - Board & Care	24,375	32,500
Housing - IMD Step Down	58,730	78,307
County Counsel Costs	44,640	60,710
Total Gross Program	**$ 727,809**	**$941,049**
Revenue: Medi-Cal - Treatment services	(167,475)	(214,994)
Revenue: Medi-Cal - Admin/QA	(42,527)	(58,843)
Revenue: Medi-Cal - Intensive Residential	(5,672)	(7,563)
Other Revenue: Client Rents & Grants	(12,424)	(16,565)
Total Net Program	**$ 499,712**	**$643,085**
Total Gross Cost per Client	**$ 72,781**	**$ 94,105**
Total Net Cost Per Client	**$ 49,971**	**$ 64,308**

The two options listed above meet all of the criteria for AB1421, including court and counsel related costs, court liaison, and evaluation. Costs of housing may vary depending on needs of individuals served. These budgets assume a static caseload of 10 individuals at any one time; however, the actual caseload supported by the staffing listed in both scenarios may vary depending on acuity, where the person is being served (residential treatment setting versus independently in the community), and progress in engagement and treatment.

Without Court:
Options 2(a) and 2(b) below do not include full implementation of AB1421 requirements. These budgets do not include the court process and related functions. However, these proposed programs would provide extensive outreach and engagement to both families and individuals, and intensive services levels similar to those required by Assisted Outpatient Treatment models, but only serving six clients as explained previously.

Option 2(a):
County Operated with no court component (estimated six clients).

The following County positions are included:

- 0.25 FTE Mental Health Therapist IV (Licensed Clinician for assessments and court liaison)
- 0.50 FTE Mental Health Therapist IV (Licensed Clinician for co-occurring disorders)
- 0.50 FTE Mental Health Therapist III (Licensed Psychiatric Technician for medication management)
- 1.0 FTE Mental Health Worker II (Peer Support Specialist)
- 0.25 FTE Administrative Services Officer I
- 0.50 FTE Health Information Technician I

Option 2 (a): County Operated Assisted Outpatient Treatment (no court component) Budget Estimate	Year 1 Budget (9 months, plus start-up costs)	Year 2 Budget
Total Salaries & Benefits	$ 191,899	$ 272,456
Total Services & Supplies (excl Professional Services)	65,687	89,334
Professional Services (Locum Tenen)	22,200	16,983
Professional Services (Evaulator)	-	-
County Counsel - Start-up	-	-
Other County Start-up - Capital Assets	3,000	-
Housing - Independent Living w/Supports	16,845	22,460
Housing - Intensive Residential	23,001	30,668
Housing - Board & Care	24,375	32,500
Housing - IMD Step Down	-	-
County Counsel Costs	-	-
Total Gross Program	**$ 347,007**	**$ 464,401**
Revenue: Medi-Cal - Treatment services	(78,067)	(114,855)
Revenue: Medi-Cal - Admin/QA	(6,286)	(8,916)
Revenue: Medi-Cal - Intensive Residential	(5,672)	(7,563)
Other Revenue: Client Rents & Grants	(10,059)	(13,412)
Total Net Program	**$ 246,923**	**$ 319,656**
Total Gross Cost per Client	**$ 34,701**	**$ 46,440**
Total Net Cost Per Client	**$ 24,692**	**$ 31,966**

Option 2(b):
Contractor Operated with no court component.

This option includes the following County positions for initial assessment, monitoring and evaluation:

- 0.25 FTE Mental Health Therapist IV (Licensed Clinician for assessments)
- 0.25 FTE Administrative Services Officer I

Contractor staff would provide all services, except psychiatry, and will consist of:

- 0.50 FTE Licensed Clinician for co-occurring disorders
- 0.50 FTE Program Mentor
- 1.0 Peer Support Specialist
- 0.50 FTE Licensed Psychiatric Technician for medication management
- 0.50 FTE Program Manager
- 0.20 FTE Director
- 0.10 FTE Quality Assurance

Option 2 (b): Contractor Operated Assisted Outpatient Treatment (no court component) Budget Estimate	Year 1 Budget (9 months, plus start-up costs)	Year 2 Budget
Total Salaries & Benefits	$ 36,446	$ 51,760
Total Services & Supplies (excl Professional Services)	8,992	12,229
Professional Services (Locum Tenen)	-	-
Professional Services (Evaulator)	-	-
Other Professional Services (TMHA AOT services)	296,087	366,607
County Counsel - Start-up	-	-
Other County Start-up - Capital Assets	500	-
Vehicle Cost	-	-
Housing - Independent Living w/Supports	16,845	22,460
Housing - Intensive Residential	23,001	30,668
Housing - Board & Care	24,375	32,500
Housing - IMD Step Down	-	-
County Counsel Costs	-	-
Total Gross Program	**$ 406,246**	**$ 516,224**
Revenue: Medi-Cal - Treatment services	(113,493)	(140,619)
Revenue: Medi-Cal - Admin/QA	(23,670)	(32,095)
Revenue: Medi-Cal - Intensive Residential	(5,672)	(7,563)
Other Revenue: Client Rents & Grants	(10,059)	(13,412)
Total Net Program	**$ 253,352**	**$ 322,536**
Total Gross Cost per Client	**$ 40,625**	**$ 51,622**
Total Net Cost Per Client	**$ 25,335**	**$ 32,254**

In all cases, County staff would be required for assessment of eligibility, monitoring, evaluation.

RESULTS

Provide direction to BHD to begin implementation of AOT in one of the variations described; or recommend continuation of current BHD services and growth efforts without AOT.

Should the Board of Supervisors recommend development and implementation of Assisted Outpatient Treatment in San Luis Obispo County, the following steps would be necessary going forward:

- Pass a resolution adopting the AB1421 legislation.
- Make a finding that no voluntary mental health program serving children or adults would be reduced as a result of implementation.
- Develop a work group to plan, design, and implement a collaborative process and AOT design with the community, BHD, the Courts, County Counsel, Public Defender, and other partner departments.
- Engage in outreach efforts as set forth in AB1421 legislation to inform those likely to be in contact with AB1421 population including family members, primary care physicians, law enforcement, homeless services providers, and others.
- Identify funding sources.
- If MHSA funds are to be considered for future years, engage in the community program planning as described in the MHSA legislation.

Should the Board of Supervisors recommend development and implementation of a pilot program similar to Assisted Outpatient Treatment but without involvement of Court, the following steps would be necessary going forward:

- Develop positions requests for County assessment and evaluation
- Amend contract with TMHA for added positions
- Work with TMHA to develop stakeholder meetings
- Initiate program

Implementation of Assisted Outpatient Treatment in SLO County, with or without Court involvement, will help achieve the County's vision of a healthy and safe community by increasing services to a small number of unengaged individuals with mental illness under strict criteria through a civil commitment process.

A recommendation to continue to foster the current programs and efforts within SLO BHD will also help achieve the County's vision of a healthy and safe community by supporting measured, planned, growth of programs and services.